CUSTODY RECLASSIFICATION

I. <u>IDENTIFICATION</u>

outh's	Name:				DOB:/					
		LAST	FIRST	M.I.						
ient I	D #:	Da	te of Direct Admission:/	Staffing Date:	:/					
cure R	Release Date:/									
rimary	y Case Manager:		Secondary Case Manager:	Facilit	y:					
CUS	STODY EVALUAT	TION			SCORE					
Seve	erity of Current Adj	iudicated Offense								
Higl	Highest									
_										
			Non secure program failure							
		. 1000								
	erity of Prior Adjud				7					
Stat	us Offenses				U					
		ior (Past 12 months)								
			de, assault, battery, armed robbery, ra							
1101	mistory of violence of	assautive denavior								
	apes and Runaways				_					
			e program							
One	escapes/fun	n non secure programs	e program	•••••	2					
No l	history of runaways o	or escapes			0					
		C Violations (Past 6 mo	onths)		5					
4-6	reports				3					
1NO 1	reports				1					
		Violations (Past 6 mo								
	1									
0-3	10p01tb			•••••						
		lation (Past 6 months)			4					
U										
C										
_										
Non	ıe				1					
Pro	gram Participation	(Past 6 manths)								
			linary or other reasons		2					
			ry program removals							
Acti	ively involved in all r	required programs			-2					

III. CUSTODY SCALE AND R	RECOMMENDAT	<u> TIONS</u>								
Assign Custody Level Indicated by Scale Below										
	TOTAL CUSTODY SCORE (items 1-8) Custody Level									
16 o		Maximun								
9 to		Medium	MED		Custody Level					
8 or	fewer points			Minimun	n MIN					
Check (✓) All Factors that Apply to	this Youth for Pur	oose of Over-Rid	ling Scored Cus	tody Level						
Discretionary Over-Ride – Higher Cus										
<u>ccretionary Over-Ride – Higher Custody</u> <u>Liscretionary Over-Ride – Lower Custody</u> <u>Liscretionary Over-Ride –</u>										
Escape Threat		Facility Miscondu	ct							
Serious Violence Threat										
Known Gang Affiliation/Disruj	ptive Group									
Is Over-Ride of Scored Custody Lev	vel Recommended?		Yes	ف _{No}						
If yes, give rationale (required):										
Population Assignment and Recom	mended Custody Le	vel								
Population Assignment	-			stody Level						
(Select code from the list below)	Code		(Se	lect code from the	e list below)	Code				
General Population G	SP .			Minimum	MIN					
	C			Medium	MED					
	MD			Maximum	MAX					
Mental Health N	ИН									
Case Manager/Counselor's Signatu	re					Date				
Program Manager's Signature (req										
IV. DEPUTY DIRECTOR'S (d	or Designee's) AP	PROVAL OF	OVER-RIDE							
Approve Recommended Population	Assignment and Cu	stody Level?	Yes		اف _{No}					
If no, give rationale (required):										
Final Population Assignment and C	ustody Level									
Population Assignment			Cu	stody Level						
(Select code from the list below)	Code			lect code from the	e list below)	Code	Housing Unit			
	BP .			Minimum	MIN					
Protective Custody P	C			Medium	MED					
Medical N	1D			Maximum	MAX					
Mental Health M	ИH									
	OΗ									
- · · · · ·										
Deputy Director's (or Designee's) S	ianoturo					Date				
Deputy Director's (or Designee's) S	ignature					Date				

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CUSTODY RECLASSIFICATION FORM INSTRUCTIONS

The Custody Reclassification form B.2.2 (h) is used to determine whether a change in the youth's custody level is indicated.

I. IDENTIFICATION

Enter youth's name (last, first, M.I.) and date of birth (D.O.B.). Enter youth's Client ID number, date of direct admission and date the reclassification form is completed. Enter the secure release date provided on the time computation form. Enter the youth's assigned facility, the name of the facility case manager assigned to the youth's case as the primary case manager and the name of the Probation Officer assigned to the youth's case as the secondary case manager.

II. CUSTODY EVALUATION

1. Severity of Current Adjudicated Offense

Enter the appropriate number of points in the right hand column to reflect the severity of the current offense. Refer to the <u>Severity of Offense Scale</u> for offenses contained in each category. If there are multiple convictions, score the most severe of the offenses for which the youth was committed. Attempts or accessory to an offense receive the same severity rating as the offense itself. Any offense committed while in custody is considered one of the current offenses. While it does not change the historical designation of the offense, it can change the severity of the offense (e.g., escape while serving a sentence for shoplifting).

A revocation (probation/parole) is <u>not</u> an offense. If the revocation is due to the commission of a new crime, the original offense is to be considered a prior offense and the new offense as current offense.

2. Severity of Prior Adjudicated Offense or Pending Adjudication

Enter the appropriate number of points in the right hand column to reflect the most serious offense committed by the youth (refer to Severity of Offense Scale). Do not include the present offense (i.e., the offense that resulted in this commitment). Treat attempts, accessory, and revocations of probation/parole as specified in Item 1 above. Any offense for which the youth has been legally charged, petitioned and awaiting adjudication should be included.

3. Prior Assaultive Behavior

Enter the appropriate number of points in the right hand column to reflect the youth's prior history of assaultive behavior for the past *12 months*. Assaultive behavior is defined as any incident in which body contact occurred, regardless if it results in an injury.

4. Escapes and Runaways

Enter the appropriate number of points in the right hand column to reflect the youth's escape/runaway history for the past *12 months*. Escapes from secure care facilities are scored if the youth was found guilty of the escape or attempt by the Disciplinary Committee, regardless of court prosecution and/or adjudication status of the case. Runaways from any non-secure program or the youth's home should also be included.

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5. Number of Major COC Violations (past 6 months)

Enter the appropriate number of points in the right hand column to reflect the number of major COC Violations for which the youth was found guilty during the past 6 months.

6. Number of Minor COC Violations (past 6 months)

Enter the appropriate number of points in the right hand column to reflect the number of minor COC Violations for which the youth was found guilty during the past 6 months.

7. Most Serious COC Violation (past 6 months)

Enter the appropriate number of points in the right hand column to reflect the <u>single</u> most severe COC Violation for which the youth was found guilty during the past *6 months*.

8. Program Participation (past 6 months)

Enter the appropriate number of points in the right hand column to reflect the youth's program participation/adjustment. Guidelines for completion:

- a) Permanent removal from program due to disciplinary or other reasons
- b) Moderate problems noted with/without temporary program removals
 - 1. Only participates in activities when closely monitored by staff.
 - 2. Suspended more than once.
 - 3. More than one unexcused absence monthly.
 - 4. Two or more Major COC Violations related to behavior during program time.
 - 5. Poor rate of progress through program.
 - 6. One of the lowest rates of achievement relative to peers.
- c) Actively involved in all required programs
 - 1. Progressing "on schedule" or ahead of time.
 - 2. Joins in most activities at almost every opportunity, needs little encouragement.

Total – Enter the total number of points in the right hand columns to reflect the custody level score.

III. CUSTODY SCALE AND RECOMMENDATIONS

Enter appropriate custody level to reflect score from Items 1-8. If an over-ride is used, check appropriate factors and provide rationale for the over-ride.

Enter the youth's population assignment and custody level. The Case Manager/Counselor's signature is required with the date of signature.

IV. <u>DEPUTY DIRECTOR'S</u> (or Designee's) APPROVAL OF OVER-RIDE

The Deputy Director (or Designee) should check whether he/she approves or disapproves of the recommended over-ride. If no is checked, a rationale for the disapproval is required.

Enter the final population assignment and custody level. The Deputy Director's (or Designee) signature is required along with the date of signature.

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